Order Form - 2006 WIC Annual Report

_	•	l out and submit this form using the o 10 business days for processing the		
Requestor name:				
Agency Name:				
Mailing address:			,	
Phone and email:				
1. 2006 Annual Report	t. Quantity:	2005 Annual Report. Quant	ity:	
		neets have county specific data. You may you also need 2005, please indicate below		
2006 County Name	Quantity	2005 County Name	uantity	
	heets. These s	heets have agency specific data.		
2006 Agency Name	Quantity	2005 Agency Name	antity	
For additional information contact: Sheryl Pickering at 360-236-3655 or Sheryl.Pickering@doh.wa.gov Kristin Sasseen at 360-236-3633 or Kristin.Sasseen@doh.wa.gov				
		to the <i>WIC Admin Unit</i> at:	vo gov	
Fax No.: 360-236 Mailing Address Department of Hea PO Box 47886 Olympia, WA 9850	: Ith – WIC Prog	nil Address: Michelle.Owen@doh.w gram	a.gov	

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